

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **11/575697**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	—		
2				—		
3				—		
4				—		
5				—		
6			1	—		
7				—		
8				—		
9			1	—		
10				—		
11				—		
12				—		
13				—		
14				—		
15				—		
16				—		
17				—		
18				—		
19			1	—		
20				—		
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47				—		
48				—		
49				—		
50				—		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	14	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						